



# APPLICATION TO MODIFY A CLASS II WELL

Form No. A7  
Revised on 4/17/98

## INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas  
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### FOR DIVISION OFFICE USE ONLY

Date received	Application number
Date denied	Reasons <input type="checkbox"/> Documentation <input type="checkbox"/> AOR <input type="checkbox"/> Hearing on <input type="checkbox"/> Newcone
Date approved	By

PART I GENERAL INFORMATION		
Name of operator	Telephone number	Permit number
Address of operator ( <input type="checkbox"/> Check here if this is a new address )		
City	State	Zip code

PART II LOCATION INFORMATION			
Name of lease		Well number	County
Section	Township	Range	Footage's: ft. from <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE line ft. from <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW line

PART III CHANGE INFORMATION	
Type of change (Check all that apply)	
<input type="checkbox"/> Well construction (Complete PARTS IV and VIII)	<input type="checkbox"/> Injection pressure/ rate (Complete PARTS V and VIII)
<input type="checkbox"/> Injection zones (Complete PARTS IV, VI and VIII)	<input type="checkbox"/> Injection fluid (Complete PARTS VII and VIII)

PART IV WELL CONSTRUCTION	
Section a Current	
Casing size O.D. ( Inches & Decimals )	Wt./ ft. ( lbs. ) - Grade
Surface	lbs. -
Intermed.	lbs. -
Long string	lbs. -
Tubing	lbs. -
Setting depth	
ft.	
Sacks	
Class- yield per sack	
Depth	
ft.	
Diameter	
in.	
Packer setting depth	
ft.	
Section b Proposed	
Casing size O.D. ( Inches & Decimals )	Wt./ ft. ( lbs. ) - Grade
Surface	lbs. -
Intermed.	lbs. -
Long string	lbs. -
Tubing	lbs. -
Setting depth	
ft.	
Sacks	
Class- yield per sack	
Depth	
ft.	
Diameter	
in.	
Packer setting depth	
ft.	

PART V INJECTION PRESSURE/RATE	
Current pressure psi	Proposed pressure psi
Current rate Barrels/ day	Proposed rate Barrels/ day
Method used to determine proposed pressure <input type="checkbox"/> Step rate test <input type="checkbox"/> Fracture analysis <input type="checkbox"/> Other (Explain)	
Important: Copies of the tests used to determine proposed pressure must be attached	

Continued on next page

PART VI		INJECTION ZONES			
Current formations	Current intervals			Proposed formations	Proposed intervals
	From	ft.	to ft.		From ft. to ft.
	From	ft.	to ft.		From ft. to ft.
	From	ft.	to ft.		From ft. to ft.
	From	ft.	to ft.		From ft. to ft.
	From	ft.	to ft.		From ft. to ft.

PART VI		INJECTION FLUID			
Current fluid source			Proposed fluid source		
Important: An analysis of the proposed fluid must accompany this form					

PART VIII		AFFIRMATION			
I affirm under penalty of perjury that the information provided in this application is true to the best of my knowledge and belief.					
Signature of operator or authorized agent				Date signed	

#### **SPECIAL REQUIREMENTS**

1. Only those individuals whose signatures appear in PARTS V and VI of the Organizational Report may sign this form
2. Documentation submitted in support of a change in pressure or fluid source must be legible and will not be accepted if altered in any manner.
3. Applications to modify injection pressure/rate or injection zones may require a new public notice and must be submitted at least 60 days before the operator needs to make the change.